

# 2026

**City of Detroit  
Police and Fire Retiree  
Healthcare Trust (P&F RHT)  
Open Enrollment Information**



**MEDICAL | DENTAL | VISION  
HEALTH REIMBURSEMENT ACCOUNT (HRA)**



# Table of Contents

Important Information .....	1
General Information .....	3
Cost of Coverage 2026 Medical, Dental and Vision Plans .....	7
Enrollment Options .....	8
HRA Eligibility Verification Worksheet.....	10
Sample Documentation.....	11
Benefit Summary Comparison Charts .....	13
Medical and prescription drug plan offerings to Medicare-eligible pre-2015 participants .....	14
Dental and Vision Plan Rates.....	18
Dental plan offering to Medicare and non-Medicare eligible participants .....	19
Vision plan offering to Medicare and non-Medicare eligible participants .....	21
How to Register on the Website.....	22
Sample HRA Forms .....	23
Important Phone Numbers .....	25



Dear P&F RHT Participant:

**Please read this notification in its entirety**

This year's Open Enrollment for the Police and Fire Retiree Healthcare Trust (VEBA) will be an automatic re-enrollment for most enrollees. This means that if you are currently enrolled in benefits through the VEBA and you wish to continue those same benefits, you do not need to do anything, and you will be automatically re-enrolled. *Please note: You will need to submit new HRA Reimbursement Forms for 2026, your HRA recurring payments do not carry over from year to year.*

**You only must act during this open enrollment period if you:**

- are NOT currently enrolled and wish to enroll in a Medicare Advantage Plan, HRA, dental or vision plan offered through the VEBA
- are currently enrolled, but want to switch to a different Medicare Advantage Plan or dental plan
- are currently enrolled and want to add or remove dependent coverage from your Medicare Advantage, dental or vision coverage
- are currently enrolled and want to terminate or stop your Medicare Advantage, dental or vision coverage.
- are eligible for the increased HRA benefit due to a household income of less than \$75k, you are required to submit a Federal Tax Return Transcript and a 1095-B for Income Verification. See page 10 for further information.

We also ask that you login at [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits) or contact BeneSys, Inc. Troy office at (833) 725-5336 or TMR Detroit office at (313) 963-1135 to confirm your current coverage and dependents are listed correctly.

**Open Enrollment Period:  
Monday, October 6, 2025  
through  
Monday, November 3, 2025**

If you need or want to make benefit or dependent changes for 2026, you must complete the Open Enrollment form included in this packet. Enrollment forms must be postmarked no later than November 3, 2025 and returned to BeneSys at: P.O. Box 1198, Troy, MI 48098-1198, email to: [enrollmentdocs@benesys.com](mailto:enrollmentdocs@benesys.com) or faxed to 248-636-4191.

You can also enroll online: [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits).

If you are in receipt of a pension from the Police and Fire Retirement System of the City of Detroit (PFRS) your premium contributions, if any, will continue to be automatically deducted from your retirement benefits payable from PFRS. If you are eligible for healthcare, but do not receive a pension check or the amount of your pension is insufficient to cover the cost of the monthly premium(s), you will need to contact BeneSys to set up a direct payment plan, at no administrative cost. **If you are on a direct pay plan but fail to submit your payments in accordance with the pay schedule, your coverage will be terminated.**

The VEBA will continue to offer a Health Reimbursement Arrangement (HRA) for non-Medicare eligible retirees and spouses and Medicare eligible retirees and spouses who elect to opt-out of coverage in one of the VEBA's Medicare Advantage plans. Effective January 2024, a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments was put into place. You are encouraged to sign up for Direct Deposit to avoid paying this fee. Re-enrollment in the VEBA's HRA program will also take place on an automatic basis. However, if you are currently receiving an increased HRA benefit on account of your total household income or ineligibility for free Medicare Part A, you will be required to verify your status through submission of the required documentation as outlined on page 10. Accordingly, if you fall into one of the below categories, you will be required to verify that you meet the eligibility requirements for an increased HRA benefit.

- You aren't eligible for Medicare, receive insurance coverage through a public exchange, and have total household income below \$75,000;
- You are over age 65 and are ineligible for Medicare; or
- If you were previously unaware of your eligibility for an increased HRA benefit and fall into one of the above categories.

**If you have questions regarding Open Enrollment, please contact:**

**BeneSys Troy office at (833) 725-5336  
TMR Detroit office at (313) 963-1135**

**Open enrollment materials are available online at  
[www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits)**

# General Information

## **When is open enrollment for 2026?**

Open enrollment for medical, dental and vision starts on **October 6, 2025** and continues through **November 3, 2025**. The deadline for submission of all enrollment changes is **November 3, 2025**. Enrollment changes postmarked after November 3, 2025 will not be processed.

## **Who is eligible to participate in Open Enrollment?**

Police and Fire Retirees who separated from active service with the City of Detroit on or before December 31, 2014, and are currently in receipt of pension benefits from the Police and Fire Retirement System of the City of Detroit are eligible to participate in the VEBA. Additionally, spouses that were married to an eligible Police or Fire retiree at the time of retirement are also eligible to independently participate in the VEBA's Medicare Advantage plans or HRA, even if the retiree elects not to participate in any of the VEBA's benefit offerings. Similarly, if you are a spouse and were married after the member retired, but prior to August 26, 2009, and you and your retiree spouse are both members of the Weiler Class as provided under the Weiler v. City of Detroit settlement agreement, you may also be eligible for your own HRA or Medicare Advantage Plan from the VEBA.

## **What changes will be made to retiree healthcare in 2026?**

Priority Health will continue to be the VEBA's sole Medicare Advantage provider in 2026 and will offer both a PPO and HMO plan to Medicare eligible VEBA participants. For 2026 the Medicare Part B Credit will be increasing from \$75 per month to \$125 per month. You will see this credit as an increase in your monthly Social Security check or on your monthly Medicare Part B invoice.

The VEBA's Health Reimbursement Arrangement (HRA) program will also continue for those that opt-out of Priority Health coverage or are not Medicare Eligible. Effective January 2024, there was a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments put into place. You are encouraged to sign up for Direct Deposit to avoid paying this fee. HRA Accounts will continue to be credited with a monthly contribution that may be used for reimbursement of eligible medical expenses with BeneSys administering the program. Most HRA Accounts for 2026 have been increased by \$50 per month, however, the Non-Medicare Eligible Duty Disabled HRA and the Over 65 Non-Medicare Eligible HRA has been capped at \$400 per month.

Dental and vision coverage will continue to be available, with retirees responsible for paying the full premium cost for such coverage. The dental and vision benefits will remain the same for 2026.

A summary of benefits and the amount retirees will have to pay for all medical, dental and vision plans are contained in this booklet, (see pages 14 through 21). The summary is presented in a format that permits easy comparison of the main features or benefits of the plans; it contains general information only. We urge you to read this information and share it with your family members, caregivers, and others, as needed. If you are enrolled in a Medicare Advantage plan you may also receive additional information from the carrier that describes the details of your current plan. Full descriptions of the benefits for all plans are available online at [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits).

## **Do I need to enroll or make changes during open enrollment?**

Only if you wish to make changes to your current coverage or add/remove dependents under the plan.

### **IF YOU ARE CURRENTLY ENROLLED IN A MEDICARE ADVANTAGE PLAN THROUGH THE VEBA YOU WILL BE AUTOMATICALLY RE-ENROLLED.**

If you DO NOT want to switch to a different dental or vision plan or add or remove any dependents from your dental/vision coverage, you do NOT have to take any action during the open enrollment period, and your dental, and/or vision benefits will continue for the 2026 Plan Year.

We ask that you login at [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits) or contact BeneSys Troy office at (833) 725-5336 or TMR Detroit office at (313) 963-1135 to confirm your current coverage and dependents are listed correctly.

## **Can I make changes to my coverage during the year?**

No, as is common in most group insurance plans, once the coverage period begins, you cannot switch to another plan, terminate coverage, add or remove dependents or otherwise make changes during the coverage year unless a verifiable life event occurs. (Examples of life events include, death, divorce, enrollment in Medicare Part A and Part B, permanent address change in instances where your current healthcare plan is not available in the new area.)

## **Can I make changes to my dental and/or vision coverage during the year?**

You cannot switch to another dental or vision plan during the coverage year. But if you wish to terminate your dental or vision plan during the coverage year you are permitted to do so. However, please note, if you terminate your dental and/or vision coverage during the 2026 plan year, you will not be eligible to re-enroll for dental/vision coverage until the 2028 open enrollment period.

## **When will the 2026 open enrollment changes be effective?**

If you elected a new medical, dental and/or vision plan during the open enrollment, the coverage for your new plan will start on January 1, 2026. If you added a dependent to your medical, dental and/or vision plan, that dependent's coverage will start on January 1, 2026. If you elected to terminate coverage during the open enrollment the coverage will end on December 31, 2025.

## **Will there be meetings to discuss the 2026 open enrollment?**

Yes, there will be one meeting held to assist you with any questions or concerns regarding 2026 Open Enrollment.

The meeting will be on Wednesday, October 22, 2025 at Iroquois Club, 43248 Woodward Avenue, Bloomfield Hills, MI 48302 from 10 a.m. to 1 p.m. with BeneSys presentations at 11 a.m. and Priority Health Presentations at 11:15 a.m. Representatives from the Board, Priority Health, Delta Dental, VSP Vision, BeneSys/TMR will be on hand to answer questions and aid with the open enrollment process.

Any questions that you may have regarding benefits offered, the open enrollment process, your eligibility for healthcare coverage, the Health Reimbursement Plan (HRA), the amount you are required to pay or that is being deducted from your pension check for medical, dental or vision benefits, please contact BeneSys Troy office at (833) 725-5336 or TMR Detroit office at (313) 963-1135.

## **How do I enroll or make changes?**

If you wish to enroll or make changes to your plans, or add or remove dependents' coverage, you may do so online at [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits). This website will be available 24 hours a day, 7 days a week beginning October 6 through November 3, 2025. Please see page 22 of this booklet for instructions on how to register online. If you need help with online registration, please contact BeneSys at (833) 725-5336 during business hours.

If you do not have access to the internet, you may complete the enclosed enrollment form and return it to BeneSys at P.O. Box 1198, Troy, MI 48099-1198. For your convenience, enclosed is a self-addressed envelope you can use. Be sure to place the appropriate postage on the envelope before mailing. If you require additional assistance, please contact a BeneSys Member Services Representative at (833) 725-5336 or TMR Detroit office at (313) 963-1135.

## **Am I required to be enrolled in Medicare to qualify for VEBA medical coverage?**

Yes, all persons enrolled in the Medicare Advantage plans offered through the VEBA must be enrolled in Medicare Part A and Part B and continue paying their Medicare Part B premiums.

## **When should I enroll in Medicare?**

You, your spouse and other eligible dependents seeking VEBA medical coverage should enroll in Medicare Part A and Part B as soon as you become eligible. Most people become eligible for Medicare at age 65. It is your responsibility to contact the local Social Security Administration (SSA) office to apply for Medicare. To allow sufficient time to process your application it is recommended that you apply three (3) months prior to reaching age 65. Please note if you fail to enroll in Medicare Part B when first eligible you may be subject to a financial penalty which will increase your monthly Medicare Part B premiums. Also note, if you are entitled to Social Security disability benefits, have end-stage renal disease, or undergo a kidney transplant, you may be eligible for Medicare coverage prior to age 65, and should contact your local SSA office to have your case evaluated for Medicare eligibility.

**Note:** When you receive your Medicare Card, you **MUST** notify BeneSys, call (833) 725-5336.

## **Is documentation required when adding a dependent?**

Yes, when adding dependents to your healthcare coverage you will be required to submit documentation to substantiate eligibility for coverage. Examples of documentation that may be required include, but are not limited to: birth certificate, marriage certificate (a marriage license is not accepted), legal guardianship papers (stating full and permanent custody), proof of residency, and the last Federal 1040 filed.

## **Providing False Information:**

Retirees, spouses or eligible dependents who submit false information intended to provide health care coverage for alleged dependents not eligible for such coverage will be held financially responsible for all claims filed and will be required to reimburse the VEBA for any payments made on behalf of or for the benefit of an ineligible person claimed as a dependent. Also, be aware that even if you had been in a long period of marriage while you were actively employed, if that former marital partner is now divorced from you (*is your ex-spouse*) then he/she is NOT eligible for our retiree healthcare benefits even though you are.

### **Audits:**

Periodic audits will be conducted to ensure that retirees, spouses and dependents currently enrolled in VEBA healthcare plans are eligible for coverage. During these audits, the terms and conditions of your retirement will be examined. In addition, retirees will be required to provide documentation to substantiate that their covered dependents continue to be eligible for coverage. If you receive a notice of audit, you must provide the documentation within the time period specified in the notice or the coverage for your dependent will be terminated. If it is determined that a retiree and/or his/her dependent is not eligible for healthcare the coverage will be immediately terminated.

**Note:** It is the responsibility of the retiree/beneficiary to notify BeneSys when covered dependents are no longer eligible for healthcare coverage. Events that can make a dependent ineligible for coverage include, but are not limited to, marriage, divorce, age or no longer being a dependent of the retiree/beneficiary (i.e., can no longer be claimed as a dependent on his/her federal income tax return). In general, the termination of coverage becomes effective at the end of the month in which the disqualifying event occurs. However, the coverage termination date for an ex-spouse is the date of the divorce decree. Please note that you will be financially responsible for all claims and premiums associated with an ineligible dependent.

### **How do I pay for my healthcare plans?**

The required monthly payment for your medical, dental and/or vision plan will be automatically deducted from your monthly pension check. The amount being deducted appears on your pension check stub. You are responsible for monitoring your pension check stubs to verify that the deductions are proper. If an incorrect amount is being deducted, you must immediately report it to BeneSys.

### **My pension will not cover the cost for my healthcare, how do I pay?**

If you are eligible for healthcare, but do not receive a pension check or the amount of your pension is insufficient to cover the cost of the monthly premium(s), you will need to contact BeneSys to set up a direct payment plan with no administrative fee. If you are on a direct pay plan but fail to submit your payments in accordance with the pay schedule, your coverage will be terminated.

### **Who do I contact to change my address?**

It is important to keep your address updated in two places, the City of Detroit Pension Office and BeneSys. You are required to notify BeneSys of your address change so that you will continue to receive information from the VEBA and other mailings regarding healthcare benefits. To change your address for healthcare purposes please contact BeneSys Troy office at (833) 725-5336 or TMR Detroit office at (313) 963-1135.

## **Cost of Coverage 2026 Medical, Dental and Vision Plans**

The cost of coverage for medical, dental and vision plans for the 2026 Plan Year are listed below. The rate shown is the amount you will be required to pay each month for one person, two person and/or family coverage. Payment for your coverage will be automatically deducted from your monthly pension check. All rates are effective January 1 through December 31, 2026.

<b>Medicare Advantage Plan Options</b>	<b>One Person</b>	<b>Two Person</b>
Priority Health PPO <b>(Plus a \$125/mo. Medicare Part B Credit)</b>	\$00.00	\$00.00
Priority Health HMO <b>(Plus a \$125/mo. Medicare Part B Credit)</b>	\$00.00	\$00.00

<b>Dental Plan Options</b>	<b>One Person</b>	<b>Two Person</b>	<b>Family</b>
Delta Dental High Plan PPO	\$39.27	\$76.16	\$133.73
Delta Dental Low Plan PPO	\$31.72	\$60.90	\$100.78

<b>Vision Plan Options</b>	<b>One Person</b>	<b>Two Person</b>	<b>Family</b>
Vision Service Plan (VSP)	\$11.50	\$11.50	\$11.50

# Enrollment options for Medicare-eligible retirees who qualify for healthcare and retired on or before December 31, 2014

If you are Medicare eligible and retired on or before December 31, 2014, your medical plan options are:

## Medical Plan Options - Medicare Advantage Plans

- Priority Health PPO (Plus a \$125/mo. Medicare Part B Credit) – Retiree/Spouse/Surviving Spouse
- Priority Health HMO (Plus a \$125/mo. Medicare Part B Credit) – Retiree/Spouse/Surviving Spouse

### Note:

1. You must be enrolled in Medicare Part A and Part B and continue to pay your Medicare Part B premium to enroll and maintain coverage in a Medicare Advantage plan.
2. Medicare will only allow you to be enrolled in one Medicare Advantage plan (Medicare Part C) and one Medicare prescription drug plan (Medicare Part D). This includes coverage you may have through another family member or individual health insurance plan. If you are enrolled or plan to enroll in another medical and/or prescription drug plan, please be advised that your Medicare Advantage plan under the VEBA may be terminated. If your coverage is terminated due to enrolling in another plan, you will not be eligible to reenroll during the 2025 coverage period; you will have to wait until the next Open Enrollment period.

## Health Reimbursement Account (HRA):

Additionally, you may elect to opt out of the above Medicare Advantage plans during the open enrollment period and receive a monthly benefit under the VEBA's Health Reimbursement Arrangement (HRA). This HRA benefit has increased by \$50/mo. for 2026. Your HRA account will be credited for each month you are not enrolled in a Medicare Advantage plan offered through the VEBA during 2026. You may use this account for reimbursement of out-of-pocket qualified medical expenses. **You must submit the required HRA Reimbursement Form each year to receive your benefit. There are Sample HRA Forms located on pages 23 and 24 for reference.** Effective January 2024, there was a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments. You are encouraged to sign up for Direct Deposit to avoid paying this fee.

Member Category	Amount
Medicare Eligible Opt-Out - Retiree/Surviving Spouse	\$275.00
Medicare Eligible Opt-Out - Spouse	\$275.00

In addition to the Medicare Advantage plans listed above, you are also eligible to enroll in optional dental and vision benefits. The dental options available, at full cost, to you and your family are:

## Dental Plan Options

- Delta Dental High Plan
- Delta Dental Low Plan

The vision options available, at full cost, to you and your family are:

## Vision Plan Options

- Vision Service Plan (VSP)

Please refer to page 7 of this booklet for monthly premium rate information.

# Enrollment options for non-Medicare-eligible retirees who qualify for healthcare and retired on or before December 31, 2014

The VEBA will continue to provide benefits to non-Medicare eligible participants through a Health Reimbursement Account (HRA). **Most HRA Accounts for 2026 have been increased by \$50 per month, however, the Non-Medicare Eligible Duty Disabled HRA and the Over 65 Non-Medicare Eligible HRA has been capped at \$400 per month. There are Sample HRA Forms located on pages 23 and 24 for reference.** Effective January 2024, there was a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments. You are encouraged to sign up for Direct Deposit to avoid paying this fee.

Member Category	Amount
Non-Medicare Eligible (Pre-65) – Retiree/Surviving Spouse	\$275.00
Non-Medicare Eligible (Pre-65) – Spouse	\$275.00
*Non-Medicare Eligible Retiree/Surviving Spouse w/ < \$75k Household Income on Public Exchange	\$325.00
*Non-Medicare Eligible Spouse w/ < \$75k Household Income on Public Exchange	\$325.00
*Over 65 Non-Medicare Eligible – Retiree/Surviving Spouse	\$400.00
*Over 65 Non-Medicare Eligible – Spouse	\$400.00
Non-Medicare Eligible Duty Disabled – Retiree	\$400.00

**\*HRA Eligibility Verification required. Please refer to the Eligibility Verification Worksheet on Page 10 of this book. Verification is required even if you are NOT making any enrollment changes.**

Accordingly, non-Medicare eligible retirees who retired **on or before December 31, 2014** will need to obtain their own health insurance (for themselves and their dependent family members). Health Insurance Marketplaces – also known as Exchanges – are available in every state, including Michigan. **Please be advised that HRA coverage through the VEBA will be considered “other health coverage” and may result in your ineligibility for federal tax credits on the public exchanges.** Therefore, if you are currently receiving federal tax credits through the public exchanges, you may want to consult with your personal tax advisor regarding your eligibility for such tax credits on the public health exchanges.

Although you are not eligible for medical coverage in the Plan until your Medicare eligibility date, you are eligible to enroll in optional dental and vision benefits. The dental options available, at full cost, to you and your family are:

## Dental Plan Options

- Delta Dental High Plan
- Delta Dental Low Plan

The vision options available, at full cost, to you and your family are:

## Vision Plan Options

- Vision Service Plan (VSP)

Please refer to page 7 of this booklet for monthly premium rate information.

# HRA ELIGIBILITY VERIFICATION WORKSHEET

If you are over 65 and currently enrolled in or wish to enroll in the below HRA option, you are required to submit proof of your Non-Medicare Eligible status. If proof is not submitted with your election, your enrollment request for an increased HRA benefit will be declined and you will be enrolled in the VEBA's Medicare opt-out HRA benefit. This benefit has reached the cap of \$400. Effective January 2024, there was a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments. You are encouraged to sign up for Direct Deposit to avoid paying this fee.

Over 65 Non Medicare Eligible - Retiree/Surviving Spouse	\$400.00
Over 65 Non Medicare Eligible - Spouse	\$400.00

**Documentation Required:** Copy of statement from the Social Security Office stating you are not eligible for Medicare due to lack of work credits.

---

Individuals enrolled or wishing to enroll in the following HRA categories are required to submit the below requested documentation to continue enrollment or to elect for 2026. These benefits have increased by \$50/mo. for each category for 2026. Effective January 2024, there will be a \$2.00 processing fee associated with each check issued for HRA Reimbursement Payments. You are encouraged to sign up for Direct Deposit to avoid paying this fee.

Non Medicare Eligible with under \$75,000 Household Income and on the Public Exchange - Retiree/Surviving Spouse	\$325.00
Non Medicare Eligible with under \$75,000 Household Income and on the Public Exchange - Spouse	\$325.00

**Required documentation must be submitted to continue coverage or enroll in this coverage – without this documentation, you will either be removed from this HRA or your request to enroll will be denied.**

- ✓ 2024 Federal Tax Return Transcript filed with the IRS (Form 4506-T or 4506T-EZ). (See sample on page 11)
- ✓ 2024 1095-B indicating Individual Marketplace insurance purchased from the web-based Federal and/or State Insurance site set up under the Affordable Care Act. If you do not have the 1095-B you may submit a copy of your Insurance bill for the coverage purchased from the Exchange. The bill must show the coverage period and covered person(s), along with proof of payment and statement showing it is insurance from the Exchange.

## Sample Documentation

### Request for Transcript of Tax Return:

<b>4506-T</b> Form 4506-T (June 2023) Department of the Treasury Internal Revenue Service	<b>Request for Transcript of Tax Return</b> ► Do not sign this form unless all applicable lines have been completed. ► Request may be rejected if the form is incomplete or illegible. ► For more information about Form 4506-T, visit <a href="http://www.irs.gov/form4506t">www.irs.gov/form4506t</a> .		OMB No. 1545-1872										
<p><b>Tip:</b> Get faster service: Online at <a href="http://www.irs.gov">www.irs.gov</a>, Get Your Tax Record (Get Transcript) or by calling 1-800-908-9946 for specialized assistance. We have teams available to assist. <b>Note:</b> Taxpayers may register to use Get Transcript to view, print, or download the following transcript types: <b>Tax Return Transcript</b> (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), <b>Tax Account Transcript</b> (shows basic data such as return type, marital status, AGI, taxable income and all payment types), <b>Record of Account Transcript</b> (combines the tax return and tax account transcripts into one complete transcript), <b>Wage and Income Transcript</b> (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and <b>Verification of Non-filing Letter</b> (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).</p>													
<table border="1"><tr><td>1a Name shown on tax return. If a joint return, enter the name shown first.</td><td>1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)</td></tr><tr><td>2a If a joint return, enter spouse's name shown on tax return.</td><td>2b Second social security number or individual taxpayer identification number if joint tax return</td></tr><tr><td colspan="2">3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</td></tr><tr><td colspan="2">4 Previous address shown on the last return filed if different from line 3 (see instructions)</td></tr><tr><td colspan="2">5 Customer file number (if applicable) (see instructions)</td></tr></table>				1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)	2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return	3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)		4 Previous address shown on the last return filed if different from line 3 (see instructions)		5 Customer file number (if applicable) (see instructions)	
1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)												
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return												
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)													
4 Previous address shown on the last return filed if different from line 3 (see instructions)													
5 Customer file number (if applicable) (see instructions)													
<p><b>Note:</b> Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See <b>What's New</b> under <b>Future Developments</b> on Page 2 for additional information.</p>													
<p>6 <b>Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ►</p> <p>a <b>Return Transcript</b>, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days <input type="checkbox"/></p> <p>b <b>Account Transcript</b>, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days <input type="checkbox"/></p> <p>c <b>Record of Account</b>, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days <input type="checkbox"/></p> <p>7 <b>Verification of Nonfiling</b>, which is proof from the IRS that you <b>did not</b> file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days <input type="checkbox"/></p> <p>8 <b>Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.</b> The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days <input type="checkbox"/></p> <p><b>Caution:</b> If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.</p>													
<p>9 <b>Year or period requested.</b> Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.</p> <table border="1"><tr><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td><td>/</td></tr></table>				/	/	/	/	/	/	/	/	/	/
/	/	/	/	/	/	/	/	/	/				
<p><b>Caution:</b> Do not sign this form unless all applicable lines have been completed.</p>													
<p><b>Signature of taxpayer(s).</b> I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. <b>Note:</b> This form must be received by IRS within 120 days of the signature date.</p>													
<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.		Phone number of taxpayer on line 1a or 2a											
<p>Sign Here</p> <p>► Signature (see instructions)</p> <p>► Title (if line 1a above is a corporation, partnership, estate, or trust)</p> <p>► Spouse's signature</p>		<p>Date</p> <p>Date</p> <p>Date</p>											
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 37667N Form 4506-T (Rev. 6-2023)											

<https://www.irs.gov/individuals/get-transcript> 1-800-908-9946

Sample 1095-B Form:

560118

**Form 1095-B** | **Health Coverage**

Department of the Treasury  
Internal Revenue Service

► Do not attach to your tax return. Keep for your records.  
► Go to [www.irs.gov/Form1095B](http://www.irs.gov/Form1095B) for instructions and the latest information.

OMB No. 1545-2252  
**2023**

Part I Responsible Individual				Part II Information About Certain Employer-Sponsored Coverage (see instructions)		Part III Issuer or Other Coverage Provider (see instructions)		Part IV Covered Individuals (Enter the information for each covered individual.)			
1 Name of responsible individual—First name, middle name, last name	2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)	10 Employer name	11 Employer identification number (EIN)	16 Name	17 Employer identification number (EIN)	18 Contact telephone number	19 Street address (including room or suite no.)	20 City or town	21 State or province	22 Country and ZIP or foreign postal code
4 Street address (including apartment no.)	5 City or town	6 State or province	7 Country and ZIP or foreign postal code	8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ► <input type="checkbox"/>	9 Reserved						
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.											
Cat. No. 00704B Form 1095-B (2023)											

## Benefit Summary Comparison Charts

The benefit summaries presented on the following pages are intended to be easy-to-read summaries and provide a general overview of your medical, dental and vision benefits. **They are not contracts.** Additional limitations and exclusions may apply. For a complete description of benefits, please see the Evidence of Coverage documents provided at [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits). If there is a discrepancy between the enclosed summaries and the Evidence of Coverage, the Evidence of Coverage will control.

Medicare Advantage Plan Options	One Person	Two Person
Priority Health PPO <b>(Plus a \$125/mo. Medicare Part B Credit)</b>	\$00.00	\$00.00
Priority Health HMO <b>(Plus a \$125/mo. Medicare Part B Credit)</b>	\$00.00	\$00.00

## 2026 Medical and prescription drug plan offerings to Medicare-eligible pre-2015 retirees

Benefits	Priority Health PPO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)		Priority Health HMO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)
	In-network	Out-of-network	
<b>Deductibles, Copays and Dollar Maximum</b>			
Annual deductible	\$0 per member, per calendar year	\$0 per member, per calendar year	\$0 per member, per calendar year
Percent copayments	10% coinsurance for select services	10% coinsurance for select services	10% coinsurance for select services
Coinurance Maximum	N/A	N/A	\$1,000 per member, per calendar year
Maximum out-of-pocket (For covered medical services includes medical copays and coinsurance)	\$750 per member, per calendar year	\$750 per member, per calendar year	\$1,500 per member, per calendar year
<b>Medical Office Visits</b>			
Primary care physician	\$0 copay	\$0 copay	\$0 copay
Specialist care *	\$5 copay	\$5 copay	\$5 copay
Gynecology	\$5 copay	\$5 copay	\$5 copay
Podiatry	\$5 copay	\$5 copay	\$5 copay
<b>Preventive Services</b>			
Annual wellness visit	Plan pays 100%	Plan pays 100%	Plan pays 100%
Annual cervical cancer screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Mammography screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Pap smear screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
Immunizations	Plan pays 100%	Plan pays 100%	Plan pays 100%
Prostate Cancer Screening Exam	Plan pays 100%	Plan pays 100%	Plan pays 100%
Colorectal Cancer Screening	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Hospital Services</b>			
Number of days of care	Unlimited days	Unlimited days	Unlimited days
Inpatient physician care, general nursing care, hospital services and supplies	Plan pays 100% per stay	Plan pays 100% per stay	Plan pays 100% per stay
Outpatient surgery	\$100 copay	\$100 copay	Plan pays 100% per stay
<b>Emergency Care</b>			
Hospital emergency room	\$75 copay (waived if admitted)	\$75 copay (waived if admitted)	\$65 copay (waived if admitted)
Urgent care	\$25 copay	\$25 copay	\$25 copay
Ambulance Services (medically necessary)	\$100 copay	\$100 copay	\$100 copay
<b>Virtual Care</b>			
PCP visit	\$0 copay	\$0 copay	\$0 copay
Specialist visit	\$0 copay	\$0 copay	\$0 copay
Outpatient mental health	\$0 copay	\$0 copay	\$0 copay

\* Retiree \$5 specialist copay will be based on the specialist billing as a specialist office visit code.

Benefits	Priority Health PPO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)		Priority Health HMO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)
	In-network	Out-of-network	
<b>Diagnostic Services</b>			
Laboratory and pathology tests	Plan pays 100%	Plan pays 100%	Plan pays 100%
Outpatient Diagnostic Radiology	Plan pays 90%	Plan pays 90%	Plan pays 100%
Outpatient tests	Plan pays 90%	Plan pays 90%	\$10 copay
Outpatient X-rays	\$25 copay	\$25 copay	\$15 copay
<b>Rehabilitation Services</b>			
PT/OT/ST	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Alternatives to Hospital Care</b>			
Skilled nursing care in a nursing home	Plan pays 100% for days 1-20 and 90% for days 21-100	Plan pays 100% for days 1-20 and 90% for days 21-100	Plan pays 100% for each stay
<b>Mental Health Care</b>			
Inpatient mental health care	Plan pays 100% for each stay	Plan pays 100% for each stay	Plan pays 100% for each stay
Outpatient mental health care	\$15 copay	\$15 copay	\$10 copay
Opioid treatment	\$15 copay	\$15 copay	\$10 copay
<b>Appliances &amp; Prosthetic Devices</b>			
Prosthetics & orthotics	Plan pays 100%	Plan pays 100%	Plan pays 100%
Durable medical equipment	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Diabetic Supplies</b>			
Diabetic supplies	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Cardiac/Pulmonary Rehabilitation</b>			
Cardiac/Pulmonary Rehab	Plan pays 100%	Plan pays 100%	Plan pays 100%
<b>Kidney Services</b>			
Kidney dialysis	Plan pays 90%	Plan pays 90%	Plan pays 100%
<b>Chiropractic and Acupuncture Services</b>			
Routine chiropractic care	\$15 per visit and \$25 for one set of x-rays each year for manual manipulation of the spine to correct subluxation	\$15 per visit and \$25 for one set of x-rays each year for manual manipulation of the spine to correct subluxation	\$15 per visit and \$15 for one set of x-rays each year for manipulation of the spine to correct subluxation
Acupuncture	\$15 per visit	\$15 per visit	\$20 per visit
<b>Hearing Services – Offered through TruHearing</b>			
Diagnostic exam	\$15 copay with PCP \$15 copay with Specialist	\$15 copay with PCP \$15 copay with Specialist	\$15 copay with PCP \$15 copay with Specialist
Routine exam	Plan pays 100%	Plan pays 100%	\$15 copay with PCP \$15 copay with Specialist
Hearing aids	Plan pays 100% for one hearing aid per ear, per year	Plan pays 100% for one hearing aid per ear, per year	Plan pays 100% for one hearing aid per ear, per year

Benefits	Priority Health PPO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)		Priority Health HMO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)
	In-network	Out-of-network	
<b>Vision Services</b>			
Diagnostic exam	\$15 copay with PCP \$15 copay with Specialist	\$15 copay with PCP \$15 copay with Specialist	\$15 copay with PCP \$15 copay with Specialist
Routine exam	Plan pays 100%	Plan pays 100%	\$15 copay (includes refraction)
Eyewear	Plan pays 100% for Medicare-covered eyewear after cataract surgery	Plan pays 100% for Medicare-covered eyewear after cataract surgery	Plan pays 100% for Medicare-covered eyewear after cataract surgery
<b>Supplemental</b>			
Assist America	Covered	Covered	Covered
Nutrition education/Telemonitoring	No Cost	No Cost	No Cost
In-home safety assessment	Covered	Covered	Covered
Telemonitoring	Covered	Covered	Covered
Fitness Program	No Cost	No Cost	No Cost
Memory Fitness Program	No Cost	No Cost	No Cost
OTC coverage	\$50 per quarter does not roll over	\$50 per quarter does not roll over	\$25 per quarter does not roll over
<b>Prescription Drugs: Standard Retail Pharmacy</b>			
TIER 1	30-day: \$10 90-day: \$20		30-day: \$3 90-day: \$3
TIER 2	30-day: \$10 90-day: \$20		30-day: \$15 90-day: \$15
TIER 3	30-day: \$30 90-day: \$60		30-day: \$30 90-day: \$30
TIER 4	30-day: 50% (min. \$60/max. \$120) 90-day: 50% (min. \$60/max. \$120)		30-day: 30% 90-day: 30%
TIER 5	30-day: 33% (min. \$100/max. \$600) 90-day: N/A		30-day: 30% 90-day: N/A
<b>Prescription Drugs: Preferred Retail Pharmacy</b>			
TIER 1	30-day: \$5 90-day: \$0	See Standard retail pharmacy chart above for copays	
TIER 2	30-day: \$5 90-day: \$0		
TIER 3	30-day: \$30 90-day: \$60		
TIER 4	30-day: 50% (min. \$60/max. \$120) 90-day: 50% (min. \$60/max. \$120)		
TIER 5	30-day: 33% (min. \$100/max. \$600) 90-day: N/A		

Benefits	Priority Health PPO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)		Priority Health HMO (Plus a <b>\$125/mo.</b> Medicare Part B Credit)
	In-network	Out-of-network	
<b>Prescription Drugs: Mail Order</b>			
TIER 1	30-day: \$5 90-day: \$0		30-day: \$3 90-day: \$0
TIER 2	30-day: \$5 90-day: \$0		30-day: \$15 90-day: \$0
TIER 3	30-day: \$30 90-day: \$60		30-day: \$30 90-day: \$30
TIER 4	30-day: 50% (min. \$60/max. \$120) 90-day: 50% (min. \$60/max. \$120)		30-day: 30% 90-day: 30%
TIER 5	30-day: 33% (min. \$100/max. \$600) 90-day: N/A		30-day: 30% 90-day: N/A
Part D - catastrophic coverage	If you enter the coverage gap or the catastrophic coverage stage, you will continue to pay the same cost share as you did in your initial coverage state. (Amounts listed in chart above.)		

# Dental and Vision Plans

**Payment for your coverage will be automatically deducted from your monthly pension check.**

Dental Plan Options	One Person	Two Person	Family
Delta Dental High Plan PPO	\$39.27	\$76.16	\$133.73
Delta Dental Low Plan PPO	\$31.72	\$60.90	\$100.78

Vision Plan Options	One Person	Two Person	Family
Vision Service Plan (VSP)	\$11.50	\$11.50	\$11.50

## Dental plan offering to Medicare and non-Medicare eligible Retirees

Benefits	Delta Dental High Plan	Delta Dental Low Plan
Maximum annual amount	\$1,500 per member	\$1,000 per member
<b>Diagnostic</b>		
Oral examinations	Twice per year: 100% In-network 100% Out-of-network	Twice per year: 100% In-network 75% Out-of-network
Emergency treatment for pain	100% In-network 100% Out-of-network	100% In-network 50% Out-of-network
X-rays	100% In-network 100% Out-of-network Limitations depending on type of x-ray	100% In-network 75% Out-of-network Limitations depending on type of x-ray
Prophylaxis – teeth cleaning	Twice per year: 100% In-network 100% Out-of-network	Twice per year: 100% In-network 75% Out-of-network
Fluoride application	Twice per year: 100% In-network 100% Out-of-network	Twice per year: 100% In-network 75% Out-of-network
Space maintainers	100% In-network 100% Out-of-network	100% In-network 75% Out-of-network
<b>Restorative</b>		
Fillings: amalgam, composite	80% In-network 50% Out-of-network	50% In-network 50% Out-of-network
Crowns: porcelains or metal	50% In-network 50% Out-of-network	50% In-network 50% Out-of-network
<b>Endodontics</b>		
Root canal therapy	80% In-network 50% Out-of-network	50% In-network 50% Out-of-network
<b>Periodontics</b>		
Treatment for gum disease of the mouth	80% In-network 50% Out-of-network	50% In-network 50% Out-of-network
<b>Oral Surgery</b>		
Extractions – simple and surgical	80% In-network 50% Out-of-network	50% In-network 50% Out-of-network
<b>Prosthodontics</b>		
Complete dentures	50% In-network 50% Out-of-network	50% In-network 50% Out-of-network
Partial dentures – chrome acrylic	50% In-network 50% Out-of-network	50% In-network 50% Out-of-network
Fixed Bridges and Implants	50% In-network 50% Out-of-network	50% In-network 50% Out-of-network

Benefits	Delta Dental High Plan	Delta Dental Low Plan
<b>Orthodontics</b>		
Orthodontics – teeth straightening	50% In-network 50% Out-of-network	50% In-network 50% Out-of-network
Orthodontics – lifetime maximum	\$1,000 per member	\$800 per member
<b>Service Provider</b>		
	If you receive care from a <b>nonparticipating dentist</b> , you may be billed for the difference between the approved amount and the dentist charge.	If you receive care from a <b>nonparticipating dentist</b> , you may be billed for the difference between the approved amount and the dentist charge.
Service area	Nationwide plan	

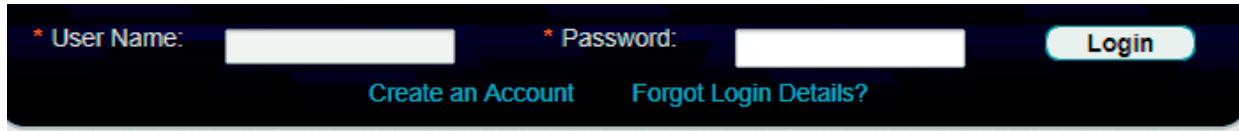
## Vision plan offering to Medicare and non-Medicare eligible Retirees

Benefits	Vision Service Plan (VSP)
<b>Frequency</b>	
Applies to all listed benefits, unless otherwise noted.	Once every plan year
<b>Exams for Glasses</b>	
Comprehensive exam for eyeglasses (does not apply to contact lens exam)	100% with \$0.00 copay
<b>Frames</b>	
Frames	<b>Benefit renews every year:</b> \$130 allowance for a wide selection of frames, \$150 allowance for featured frame brands, 20% off amount over your allowance Out-of-network: reimbursed \$70
Frame warranty	In-network: 20% discount (where applicable) Out-of-network: NA
<b>Lenses</b>	
Single vision	100% (included in prescription glasses).
Lined bifocal	100% (included in prescription glasses).
Lined trifocal	100% (included in prescription glasses).
<b>Lens Options</b>	
Tint (one solid color tint)	Average 20-25% discount      Out-of-network: NA
Scratch resistant coating	Average 20-25% discount      Out-of-network: NA
Progressive (standard)	In-network: 100%, \$55 copay      Out-of-network: NA
Prism	Average 20-25% discount      Out-of-network: NA
<b>Contact Lenses (instead of glasses)</b>	
Comprehensive eye exam for contact lenses (applies to contact lens exam and fitting)	In-network: 100%, up to \$60 copay
Contact lenses elective (includes disposables)	In-network: \$130 allowance copay does not apply Out-of-network: reimbursed up to \$105
Contact lenses medically necessary	In network: 100% Out-of-network: reimbursed up to \$210 (\$105 per eye)
<b>Progressive Myopic</b>	
Progressive myopic – rapidly changing near-sighted vision	No interim benefit
<b>Service Area</b>	
	National network
<b>Note:</b> Vision enrollment is required for two years.	

# How to Register on the Website

When registering for the first time, please follow these instructions:

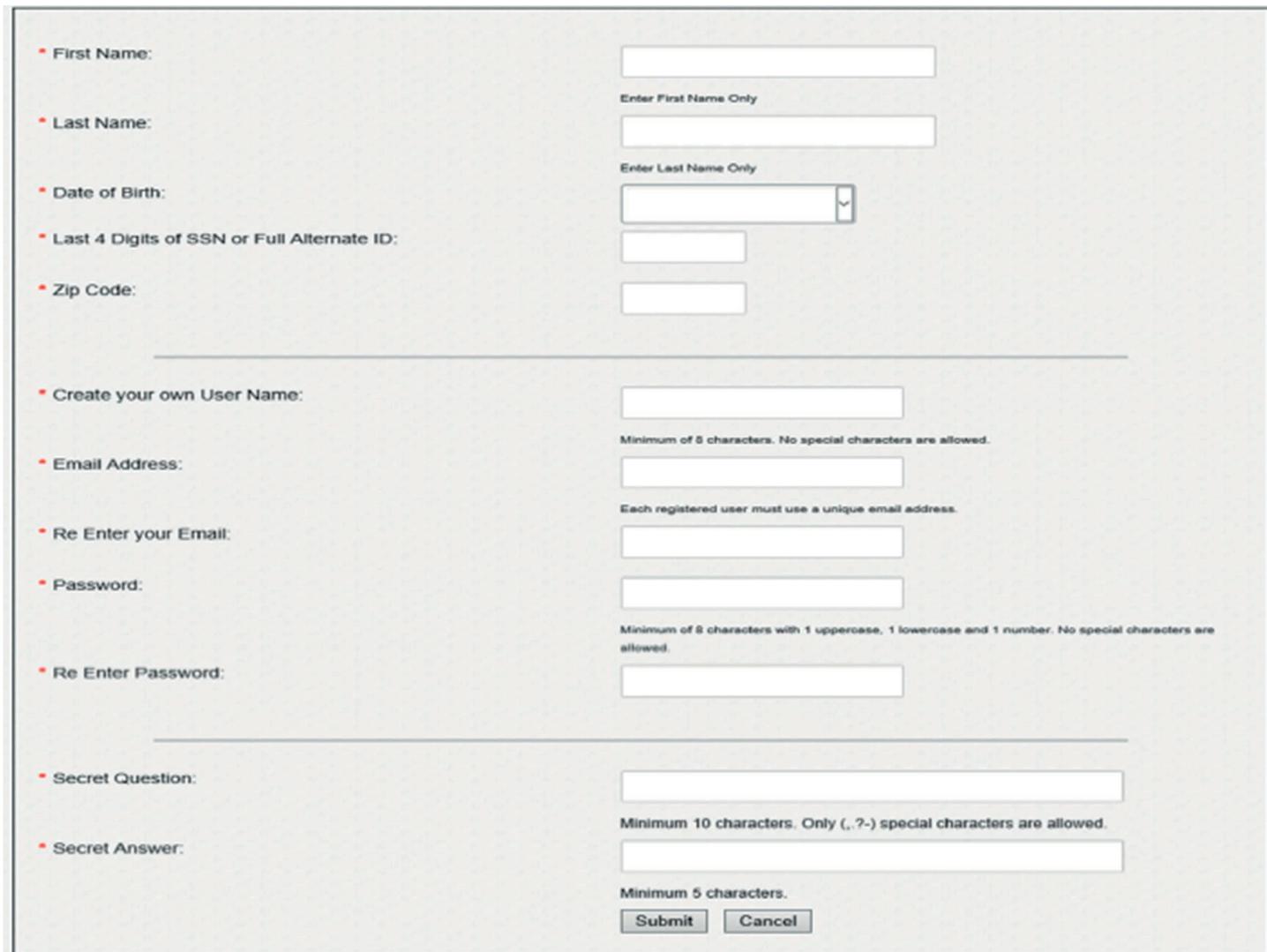
1. From your computer, [www.ourbenefitoffice.com/DPFRHC/Benefits](http://www.ourbenefitoffice.com/DPFRHC/Benefits) to connect to the website.
2. Locate the Login box in the upper right-hand corner of the screen.
3. Click on *Create an Account* to get started.



The image shows the top navigation bar of a website. It features fields for 'User Name' and 'Password', a 'Login' button, and links for 'Create an Account' and 'Forgot Login Details?'. The background is dark with light-colored text and buttons.

4. The Registration Screen will display next.
5. Your email address will be used to send you notification in the event you forget your username and password. Once all information has been entered, please click "Submit" on the bottom of the screen.

**All fields listed on the Registration Screen are required and must be completed in order to complete website registration.**



The image shows a registration form with the following fields and validation messages:

- First Name:  Enter First Name Only
- Last Name:  Enter Last Name Only
- Date of Birth:
- Last 4 Digits of SSN or Full Alternate ID:
- Zip Code:
- Create your own User Name:  Minimum of 8 characters. No special characters are allowed.
- Email Address:  Each registered user must use a unique email address.
- Re Enter your Email:
- Password:  Minimum of 8 characters with 1 uppercase, 1 lowercase and 1 number. No special characters are allowed.
- Re Enter Password:  Minimum 10 characters. Only (., ?-) special characters are allowed.
- Secret Question:  Minimum 5 characters.
- Secret Answer:

At the bottom are 'Submit' and 'Cancel' buttons.



# City of Detroit Police & Fire Retiree Healthcare Trust

Troy Office (248) 641-4932 Toll Free (833) 725-5336

## Health Reimbursement Account (HRA) Claim Form - 2026

You will need to submit new HRA Reimbursement Forms for 2026, your HRA recurring payments do not carry over from year to year.  
See Back for Instructions

Select One Box Only:

Withdraw from Retiree Account: Joe Friday SSN or Alternate ID: XXX-XX-0000

Withdraw from Spouse Account: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: 700 Tower Drive City: Troy State: MI Zip: 48098

Phone Number: (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Person Receiving Service: Joe Friday Relationship: Self

**Insurance Premium Reimbursement** - A copy of a paid monthly premium invoice, payment history from your insurance provider or your monthly pension stub (may be submitted as recurring expense)

Recurring Premium Reimbursement Claim for January 2026 – December 2026	Provider's Name	Amount of Claim (Claim total must exceed \$25)
	Medicare Part B Premium	\$206.50
	Delta Dental	\$39.27
	VSP Vision	\$11.50

**Medical Co-payments/Services** - Copy of your Explanation of Benefits Form (EOB) or copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Dental Services** - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Cost estimate statements are not acceptable.**

**Vision Services** - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Prescription Co-Payment** - A copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**

Type of Claim (Medical, Dental, Vision, RX)	Provider's Name	Services Rendered	Date of Service	Would you like monthly payments until paid in full? (Y/N)	Amount of Claim (Claim total must exceed \$25)

By signing this form, I acknowledge that the information provided above is true and accurate and that I have not been and will not be reimbursed for the expenses listed above from any insurance company, flexible benefit plan, health savings account (HSA), another HRA, or any other source. I further understand that benefits shall be paid in accordance with the Retired Detroit Police & Fire Fighter Health Care Plan.

Signature of Retiree or Spouse as applicable: Joe Friday Date: 01/01/2026

**HRA Claims must be filed by March 31<sup>st</sup> of the year following the Plan Year in which the expense was incurred. Claims filed following the March 31<sup>st</sup> deadline will be denied by the Plan's Third-Party Administrators as untimely.**

- Example: Date of Service in 2025, claim must be filed by March 31, 2026
- Example: Date of Service in 2026, claim must be filed by March 31, 2027

**To receive benefits from your HRA account, you must complete ONE FORM per claimant, along with the required supporting documents and mail to COD Police & Fire RHT, P.O. Box 1198, Troy, MI 48099-1198 fax to (248) 636-4193 or emailed to [CityofDetroitPFHRAclaims@benesys.com](mailto:CityofDetroitPFHRAclaims@benesys.com).**



# City of Detroit Police & Fire Retiree Healthcare Trust

Troy Office (248) 641-4932 Toll Free (833) 725-5336

## Health Reimbursement Account (HRA) Claim Form - 2026

You will need to submit new HRA Reimbursement Forms for 2026, your HRA recurring payments do not carry over from year to year.  
See Back for Instructions

Select One Box Only:

Withdraw from Retiree Account: \_\_\_\_\_ SSN or Alternate ID: \_\_\_\_\_  
 Withdraw from Spouse Account: Molly Williams SSN: XXX-XX-0000

Address: 700 Tower Drive City: Troy State: MI Zip: 48098

Phone Number: (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Person Receiving Service: Molly Williams Relationship: Self

**Insurance Premium Reimbursement** - A copy of a paid monthly premium invoice, payment history from your insurance provider or your monthly pension stub (may be submitted as recurring expense)

Recurring Premium Reimbursement Claim for January 2026 – December 2026	Provider's Name	Amount of Claim (Claim total must exceed \$25)	

**Medical Co-payments/Services** - Copy of your Explanation of Benefits Form (EOB) or copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Dental Services** - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Cost estimate statements are not acceptable.**

**Vision Services** - Copy of invoice listing provider name, date of service, recipient of service, description of service and the amount owed by recipient.

**Prescription Co-Payment** - A copy of the drug label stub or a printout from your pharmacy. **Cash register receipts are not acceptable.**

Type of Claim (Medical, Dental, Vision, RX)	Provider's Name	Services Rendered	Date of Service	Would you like monthly payments until paid in full? (Y/N)	Amount of Claim (Claim total must exceed \$25)
Medical	Dr. Oz	Annual Exam, Lab Work, X-Rays	1/1/2026	Y	\$640.00
RX	Meijer	Prescription	1/1/2026	N	\$10.00
Vision	Vision Center	Glasses	1/1/2026	Y	\$440.00

By signing this form, I acknowledge that the information provided above is true and accurate and that I have not been and will not be reimbursed for the expenses listed above from any insurance company, flexible benefit plan, health savings account (HSA), another HRA, or any other source. I further understand that benefits shall be paid in accordance with the Retired Detroit Police & Fire Fighter Health Care Plan.

Signature of Retiree or Spouse as applicable: Molly Williams Date: 01/01/2026

**HRA Claims must be filed by March 31<sup>st</sup> of the year following the Plan Year in which the expense was incurred. Claims filed following the March 31<sup>st</sup> deadline will be denied by the Plan's Third-Party Administrators as untimely.**

- Example: Date of Service in 2025, claim must be filed by March 31, 2026
- Example: Date of Service in 2026, claim must be filed by March 31, 2027

**To receive benefits from your HRA account, you must complete ONE FORM per claimant, along with the required supporting documents and mail to COD Police & Fire RHT, P.O. Box 1198, Troy, MI 48099-1198 fax to (248) 636-4193 or emailed to [CityofDetroitPFHRAclaims@benesys.com](mailto:CityofDetroitPFHRAclaims@benesys.com).**

# Important Phone Numbers

## If You Have a Question About

Eligibility for coverage for you or your dependents, the amount being deducted from your pension check for medical, dental, or vision coverage, the HRA program, Open Enrollment, or Online Enrollment call BeneSys.

**(Do NOT call the City of Detroit Benefits Administration Office)**

## You Should Contact

**BeneSys, Inc. (Third Party Administrator) at:**  
(833) 725-5336  
700 Tower Dr., Suite 300  
Troy, MI 48098

Hours: 7:30 a.m. – 4:30 p.m. Eastern Time,  
Monday – Friday

**Detroit Location:**  
**TMR & Associates**  
(313) 963-1135  
601 Abbott Street  
Detroit, MI 48226

Priority Health PPO (833) 261-4564

Priority Health HMO (833) 261-4564

Delta Dental PPO (800) 524-0149

Vision Service Plan (VSP) (800) 877-7195

VEBA Business Agent (586) 275-2404

IRS – Tax Return Transcript Assistance (800) 908-9946

COPS Trust (Dental & Vision Administrator) (248) 524-0454

## NOTES



# 2026

City of Detroit  
Police and Fire Retiree Healthcare Trust (P&F RHT)  
Open Enrollment Information

